



ARIZONA STATE RETIREMENT SYSTEM (ASRS)

APPROVED LEAVE OF ABSENCE INSTRUCTIONS

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-free (800) 621-3778
Fax (602) 240-2003
TTY (602) 240-5333
www.azasrs.gov

Note: You must be actively contributing to the ASRS or on ASRS Long Term Disability to be eligible to submit a service purchase request.

STEP 1

Complete Section 1 using dark ink. Contact the employer from whom you took the approved leave of absence and have the employer representative complete Section 2.

STEP 2

Return the completed form within 90 calendar days of your service purchase request.

Restrictions

- You must have taken the approved, unpaid leave of absence from an ASRS employer.
- You may only purchase up to one year of an approved, unpaid leave of absence per leave event.
- The ASRS treats consecutive periods of absence without a return to employment between as one leave event.
- You must have returned to work with the same ASRS employer at the end of your leave, unless the position was no longer available or you were disabled and could not return to work.
- Service that overlaps with previously earned or purchased time cannot be purchased.
- If you took a refund of contributions after your leave of absence, please contact the ASRS to learn how to purchase this time.

Filling Out The Approved Leave of Absence Form

SECTION 1 – Member Information

- Print your personal information.
- Carefully read each Member Statement of Understanding.
- Sign and date the form. Your signature confirms your understanding and permission.

SECTION 2 – Employer Section

Please have the employer that granted the approved leave of absence list the following on the attached form:

- The approved leave of absence period.
- The date the employee returned to work or the reason the employee did not return to work.
- The employer's name, phone number and fax number.
- The name, title and signature of the employer's authorized representative and the date the form was signed.

Contact Us

If you have questions, please contact an ASRS Member Services Representative by e-mail at contactus@azasrs.gov or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at (800) 621-3778 outside metro Phoenix or Tucson.



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PLEASE PRINT

COMPLETE AND SEND TO:
ASRS Member Services
PO Box 33910
Phoenix, AZ 85067-3910

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Tucson (520) 239-3100
Toll-free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-2003
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Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account or to inform the Internal Revenue Service about distributions and withholdings with respect to the individual's account.

SECTION 1 – Member Information (To be completed by member.)

Social Security Number	Name (Last)	(First)	(Middle Initial)
Mailing Address			Other Names Used
City	State	ZIP	Daytime Telephone Number ()
Member Statements of Understanding, Permission, and Signature Your signature below indicates you have read, understand, and agree with each statement.			
<ul style="list-style-type: none">I understand I may purchase Leave of Absence (LOA) service credit of up to one year, per each approved leave of absence, if I returned to work with the same employer that approved the LOA.The ASRS will use the Actuarial Present Value calculation method to determine the cost of my service purchase request.I give my authorization for the employer named below to share all necessary information from my records in order to process this request.			
Member Signature			Date

SECTION 2 – Employer Section (Employer must complete and sign to verify the approved Leave of Absence benefited or was in the best interest of the employer.)

Approved Leave of Absence Period _____ Through _____ (MM/DD/YYYY) (MM/DD/YYYY)	Return to Work Date _____ (MM/DD/YYYY)
OR: If employment was not resumed, why (e.g. disability or no position available).	
Employer Name	Phone Number ()
Authorized Employer Representative's Name (Please print.)	Fax Number ()
Authorized Employer Representative's Signature (Please sign.)	Date

